

# Homeless in Northern Virginia

**Local Communities Respond  
To Preventing and Ending Homelessness**



Dear Colleagues,

*Homeless in Northern Virginia: Local Communities Respond To Preventing and Ending Homelessness*, looks at the state of homelessness in the region, including the cities of Alexandria, Fairfax and Falls Church, and the counties of Arlington, Fairfax, Loudoun, and Prince William. The purpose of this report is to serve as a platform for a regional discussion among service providers, community-based organizations, policy experts, housing developers and local government agencies regarding the common challenges faced by all jurisdictions in addressing homelessness.

Each community has adopted its own strategies to tackle the problem of homelessness and housing instability. Yet homelessness is a regional problem which may require a regional solution. This report does not draw conclusions on the need for regional solutions, nor does it identify specific strategies. Instead it lays out the facts to better prepare the region for a discussion on common challenges and how we might collaborate to develop common solutions.

Northern Virginia is one of the most prosperous regions in the nation. We enjoy a high standard of living that is the result of a strong job market, excellent school systems, and numerous recreational and cultural amenities. However in the midst of this prosperity, on any given night, 13 out of every 10,000 Virginians experience homelessness.

Homeless assistance providers report that the majority of their clients living in emergency shelter and transitional housing are working, yet they do not earn enough to afford housing. Young people who age out of foster care without a permanent family are at high risk of homelessness, as are many families who have faced difficulty due to the poor economy. Persons with special needs and extremely low incomes experience a high risk of homelessness as well.

To better address homelessness, all area localities have developed, or are in the process of developing ten year plans to end homelessness. Ten year plans outline the local context of homelessness and prescribe a

concrete set of strategies designed to overcome the challenges for ending homelessness. The ultimate goal is to incrementally move towards decreasing rates of homelessness until it no longer exists.

*The causes of homelessness are many and varied, but the single most significant challenge to ending homelessness is the severe shortage of affordable housing options for households with extremely low incomes.*

The causes of homelessness are many and varied, but the single most significant challenge to ending homelessness is the severe shortage of affordable housing options for households with extremely low incomes. There has been no significant development of new affordable housing units in the last

decade. This, coupled with the current shortage of affordable housing, presents the most significant barrier to addressing homelessness in our region.

Those who are fortunate enough to find a place in our shelters often stay for months because there are no affordable housing options available for them within the community. Whether or not the region determines how to craft regional strategies, the issue of affordable housing must be addressed.

Sincerely,



**Michelle Krock**, Executive Director  
*Northern Virginia Affordable Housing Alliance*



**Phyllis Chamberlain**, Executive Director  
*Virginia Coalition to End Homelessness*





## ACKNOWLEDGEMENTS

**T**his report would not have been possible without the contributions of the many dedicated professionals who, on a daily basis, serve the individuals and families in our community who experience and are at risk of homelessness.

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# TABLE OF CONTENTS

A Note About Methodology.....	6
Overview.....	7
Funding 10 Year Plans.....	9
<i>10 Year Plan Staff</i> .....	10
Serving Chronically Homeless Persons.....	11
Data Management.....	12
Politics and Policy.....	13
Philosophy Change.....	14
NIMBY.....	15
Population Migration.....	17
Conclusion.....	18
<b>Profiles</b>	
<i>Alexandria</i> .....	20
<i>Arlington</i> .....	22
<i>Fairfax-Falls Church</i> .....	24
<i>Loudoun County</i> .....	26
<i>Prince William County</i> .....	28
Bibliography.....	30
Glossary.....	31





## A NOTE ABOUT METHODOLOGY

**T**his report examines homelessness and 10 Year Plan efforts in five jurisdictions in Northern Virginia – Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William. These jurisdictions were selected because they are covered by the activities and work of the Northern Virginia Affordable Housing Alliance.

The data on homelessness rates contained in this study are from the 2009 annual “point-in-time” counts compiled by the five Continuums of Care (CoC) in the Northern Virginia region. The counts are conducted on one night each January, and represent an estimate of unsheltered and sheltered homeless individuals and persons in families. It is important to remember that the counts are just estimates and it is widely believed that they do not capture the entire population either experiencing homelessness or who are at risk of homelessness. For example, it is widely understood that they do not account for people who are at risk of homelessness because they are doubled up with family and friends. The snapshots, however, provide a good assessment of the rates at which homelessness may be rising or falling in a particular jurisdiction.

Additionally, the source data for all charts and tables in this report are from the 2009 annual “point-in-time” counts.

Interviews were conducted with both staff of local government agencies and nonprofit service providers. In all cases interviewees are involved in homeless services in their jurisdiction. In the majority of cases interviewees were/are involved in their jurisdiction’s 10 Year Plan process.

The 10 Year Plans from the three jurisdictions that have adopted them – Alexandria, Arlington, and Fairfax-Falls Church – were also examined for this report.

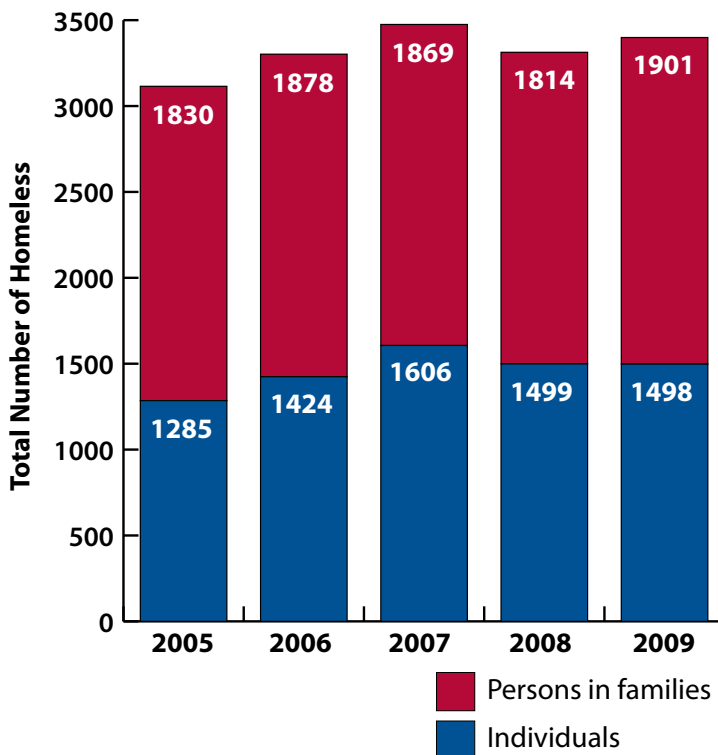


## OVERVIEW

**R**ates of homelessness in Northern Virginia, according to point-in-time surveys, have fluctuated over the past few years, rising and falling as jurisdictions' renewed efforts to house homeless individuals and families fall prey to a faltering economy, burgeoning unemployment rates, and staggering foreclosure statistics. Though the total number of homeless persons (individuals and persons in families) was only slightly higher in 2009 than in 2008, the numbers are still significantly higher than

they were some five years ago. Some individual jurisdictions are also seeing year to year increases in areas like family homelessness (Alexandria, for example) that belie any stability the overall numbers might suggest.

The biggest challenge for all of these jurisdictions in addressing homelessness is the lack of affordable housing. Market rents far exceed the earning capacity of the thousands of security guards, retail salespersons, and other relatively unskilled workers in the area. Spending more for their housing than what is affordable threatens the stability of these workers' households and puts them at risk of homelessness. Further, housing for people with no skills/employment and other barriers (like mental health and/or substance abuse issues) who need support to become stable is even more scarce. The general lack of affordable housing was exacerbated by the region's housing boom in the early part of the decade. The subsequent foreclosure crisis and recession highlighted even more the vulnerabilities of low- and moderate-income households.



In jurisdictions like Loudoun and Prince William counties, astronomical numbers of foreclosures sent former homeowners into an already tight rental market. The additional pressure depleted rental opportunities for low-income households and others with limited housing options. Service providers in these

same jurisdictions also historically reported high numbers of households doubled up with friends or family, a scenario that places people at increased risk of becoming homeless. Although difficult to substantiate because jurisdictions do not systematically collect data about doubling up, it is widely held that the foreclosure crisis and resulting tightening of the rental market likely exacerbated this trend.

The recent economic downturn has highlighted how vulnerable these individuals and families are, and has prompted the need for additional funding and programming to keep them from slipping into chronic homelessness. The economic downturn has also hampered the ability of jurisdictions to continue to respond to homelessness (chronic and otherwise) as many of them had begun to do as part of their 10 Year Plan efforts a few years ago.

These factors suggest that jurisdictions need to remain vigilant in addressing both episodic and chronic homelessness,

in devising strategies to meet the needs of individuals and families (who may be experiencing homelessness differently), and in meeting the need for a range of housing options coupled with the supportive services needed to maintain that housing.

*The recent economic downturn has highlighted how vulnerable some individuals and families are, and has prompted the need for additional funding and programming to keep them from slipping into chronic homelessness.*

Several jurisdictions in Northern Virginia – Alexandria, Arlington, and Fairfax-Falls Church – have developed and adopted 10 Year Plans to set goals and devise and implement solutions to these issues. Loudoun and Prince William counties are both also in various stages of developing plans to be considered in those jurisdictions. This report examines the status of those plans and the rates of homelessness in the jurisdictions where the plans are at work. Experience here and elsewhere indicates that 10 Year Plans are “living and breathing” documents that reshape themselves to meet existing challenges. With the oldest of the plans (Alexandria) at its half-way mark, organizations are developing a good sense of the barriers that threaten progress on these ambitious efforts, and some best practices that serve to counter those barriers.

This report assesses the experiences of local government staff and their nonprofit partners thus far and summarizes the major challenges faced across jurisdictions. All of the jurisdictions are experiencing issues with the following:

- Finding new or redirected funds to dedicate to their 10 Year Plan efforts;
- Planning for and dedicating administrative resources;
- Addressing the intensive level of resources needed to serve chronically homeless individuals and families;
- Updating and streamlining data collection methods;
- Inducing political support and countering policy barriers;
- Engendering community-wide philosophy changes that speak to collective planning, fundraising and service delivery; and
- Countering opponents to typically unpopular housing development options (like affordable efficiencies and group homes).

The report also examines, jurisdiction by jurisdiction, rates of homelessness and the jurisdictional response through the various 10 Year Plans (and/or related efforts). These components, in tandem, seek to provide a basis for further conversation about what jurisdictions can learn from each other’s experiences and how they can support each other’s efforts.





# FUNDING 10 YEAR PLANS

**T**he jurisdictions that have already adopted 10 Year Plans have all discovered that, without a commitment to devote new or redirected funds specifically to 10 Year Plan efforts, they will not progress. Ten Year Plans often focus on bringing together many efforts that have typically been disparate and silo'd to produce mutually agreed upon outcomes. They often force jurisdictions to re-prioritize their activities related to housing and services. Consequently, funding streams have to follow these efforts in order to be successful.

Most jurisdictions in the region have struggled fiscally, and find it increasingly difficult to commit new funds to these efforts. Most have fewer funds for new housing starts than they had a year or two ago. Some have tried redirecting funds (e.g. an organization previously funded to provide case management to any homeless person who walks through the door is now being given that same funding, but to provide case management in association with a particular project). At this early stage, though, this can leave gaps elsewhere that organizations have to fill with other funding. All of the jurisdictions with plans already in action are still grappling with these issues.

Jurisdictions are also challenged by the process for distributing funds once they are available. Particularly, how do you pair funding for housing and services (considering all of the sources from which they come)? Service providers have always done this by forming their own collaborations, formal and informal; but jurisdictions are now trying to determine how to build that expectation into their funding stream so that it is system-wide and creates broad changes, the effects of which could be seen and measured across the entire system.

The Homelessness Prevention and Rapid Re-Housing Program (HPRP), established by the U.S. Department of Housing and Urban Development (HUD) in 2009, provided the only new infusion of public funding to their homelessness and housing programs that many jurisdictions saw last year. The funding was a boon in several ways. It provided funding for homelessness prevention (rental assistance up to 18 months, security and utility deposits, utility payments, etc.) - efforts for which service providers often receive the least amount of funding. It provided funding for additional case management services, which has allowed some jurisdictions to explore new practices, like “triage” services that evaluate clients when they enter the system and determine which resources (across a number of service providers) are needed for a successful resolution to the client’s crisis. These jurisdictions hope that such practices will streamline how they use their limited resources and provide services to their residents that better target their needs.



Finally, HPRP provided an opportunity in many jurisdictions for government staff and nonprofit service providers to collaborate on applying for the funding, determining its best use, and on implementation. This was exactly the kind of collaboration that 10 Year Plan participants envisioned in the different jurisdictions, but the resources and opportunity to test whether such collaborations could really be successful did not fully materialize until HPRP came along.

HPRP is limited in significant ways as well, though. The funding is not a good source for serving chronically homeless individuals and families or others who have multiple barriers to getting and maintaining housing. The funding is also limited, and must be expended by 2012. This raises the question of how jurisdictions will continue to provide the prevention, housing and case management services currently covered by HPRP, particularly if they have used the HPRP funding to develop new best practices. Government agencies and nonprofits currently struggle to find enough funding to serve chronically homeless individuals and families, and will also struggle to find funding to serve those experiencing episodic homelessness after HPRP dissolves. They will need to develop additional capacity to find and target both new and existing funding sources. The collaborations developed during the HPRP process will remain important, as funders increasingly seek beneficiaries with strong collaborations in place that make efficient use of the dollars available. In some cases, those collaborations may be necessary to even make an application. One example

of an underused funding source that would require this kind of collaboration is the federally funded Family Unification Program. FUP provides Section 8 vouchers to households whose main barrier to reunification is housing. In the last ap-

plication cycle, Fairfax County received over 100 of these vouchers. The application process, however, required the participation of a number of partners. Further, these new housing units, if secured, would require services to be paired with the housing to ensure the family's success. This requires a collaboration of resources from different agencies that need to coordinate the delivery of housing plus services from the outset.

*The collaborations developed during the HPRP process will remain important, as funders increasingly seek beneficiaries with strong collaborations in place that make efficient use of the dollars available.*

## 10 Year Plan Staff

**L**ike dedicated funding, jurisdictions are also weighing the benefits of dedicated staff to direct their 10 Year Plan efforts. Most of the jurisdictions with plans in place have at least one staff person who spends a portion of time working on 10 Year Plan efforts, but the plans require an enormous corral of human and financial resources. Every sector - government, nonprofit, for-profit, consumer, community - has a role to play, but those roles have to be organized and their intersection coordinated. The plans often require systems changes (innovation and creation) at the same time that services are being delivered. Jurisdictions will have to tackle the question of how many administrative resources are needed to realize their goals.



# SERVING CHRONICALLY HOMELESS PERSONS

**C**hronically homeless individuals and families experience repeated bouts of homelessness within short periods of time. The U.S. Department of Housing and Urban Development defines chronic homelessness as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. This definition will soon change to include families with adult heads of household who meet the above characteristics.

They are typically dealing with multiple issues – poverty, mental illness, substance abuse, past and/or repeated incarceration, extremely low levels of literacy and job skills, etc. These factors threaten their stability. A range of activities are needed to address their chronic homelessness, including:

**Housing** – Some can live on their own or with family, and an individual unit is the right option; others may need other options like affordable efficiencies, group homes or other shared living situations. Lack of funding has hindered housing development for extremely low-income residents in many jurisdictions. Further, some policy barriers have hindered the development/expansion of various shared housing options.

**Intensive Case Management** – Likely every chronically homeless individual or family needs case management to keep them on track and connected to all of the supportive services that allow them to sustain their housing. They will need these services for a prolonged period of time. These services are typically underfunded, and jurisdictions have historically underestimated just how much is needed in each case.

**Supportive Services, Particularly Work (and Wage) Supports** – In addition to counseling and/or recovery services, chronically homeless adults need supports to increase their income and, subsequently, their ability to maintain their housing. If able to work, most will need intensive literacy, job and life skills training. The skill level of chronically homeless adults, however, often falls far below what typical job training programs target. Most chronically homeless adults will need training that is tailored more specifically to their level/need. Those who are or who become successfully employed will likely hold relatively low wage jobs, and will need wage supports (higher minimum wage, living wage, rental subsidies, etc.) to generate enough income to support a household.



# DATA MANAGEMENT

The Homeless Management Information System (HMIS) is a software system designed to allow jurisdictions to collect data about the people being served and the services being provided in their locale. Effective use of an updated HMIS should allow a jurisdiction to make collective and informed decisions about allocating scarce resources. Every jurisdiction in Northern Virginia is using (HMIS), but its use is not consistent or uniform.

- In some jurisdictions, not all service providers are using the system or they may be just starting their use.
- Some jurisdictions are using antiquated versions of the software that do not accommodate the updated demands for data and linking that stem from all of the new 10 Year Plan collaborations.
- Still, even when all service providers are using the right tool, data entry standards may differ from organization to organization, making it difficult to track clients as they utilize different services along the continuum.

These challenges prevent optimal use of HMIS, i.e. analyzing the data contained in the system to create composite profiles of clients and their needs in order to direct resources to the most pressing, profiling client access in order to streamline services provided, and depicting and analyzing trends to inform collective decision-making about future service delivery and funding.





## POLITICS AND POLICY

The recent economic climate has meant that resources previously available to advance the work on long term solutions to homelessness have declined. Further, resources have typically been targeted on preserving existing affordable housing units, as opposed to creating new housing – a necessary prospect to meet long-term goals to end homelessness. It has been difficult for jurisdictions to approach the idea of dedicated funding for these efforts or to consider implementing any policy changes that might have a fiscal impact. Coupled with the lack of resources, though, are shifting attitudes about housing and homelessness as a priority issue.

- In some instances, legislators do not view homelessness as a real problem in their jurisdiction, or they think any solutions devised will attract more problems than they will remedy, or they simply lack awareness of the issue altogether.
- In other instances, legislators are supportive but, in lean times, do not view homelessness as their jurisdiction's most pressing issue, deserving of funding above other issues. As government resources decline, nonprofits are left to shoulder an increasing portion of the burden to fund and staff the delivery of services to the region's most vulnerable residents.
- Finally, some legislators are supportive but may have lost colleagues who were champions and are not in positions themselves to lead on the issue.

These challenges, at best, slow progress and, at worst, stall or derail efforts altogether. Positive political will and leadership are key factors in (1) ensuring that funding and staff are dedicated specifically to these efforts, components that have proven crucial for success in other jurisdictions in the country; (2) seeking, securing and maintaining funding for efforts across the entire homeless/housing continuum; (3) championing program and policy changes aimed at increasing housing options; and (4) encouraging and incentivizing the presence and participation of all relevant government departments.



# PHILOSOPHY CHANGE

**T**he goal of ending homelessness is not about any one organization or the particular services that organization provides. At one end (the point of service) it is about a collective community response to the circumstances that make an individual or family vulnerable. At the other end (the point of outcome) it is about securing safe, affordable housing in which the individual or family can thrive and contribute; the community wants the same outcome for everyone.

Much like data management, organizations making contributions to the system must be aligned in order to guarantee consistent outcomes. This means that organizations cannot exist as silos. They must coordinate/collaborate on every aspect of service delivery, funding, tracking, etc. They must also understand the work of other organizations operating at other points along the homelessness/housing continuum and where these organizations fit in relationship to their own. Organizations have to be selfless in a process that is focused on collectively identifying needs and solutions.

In addition to issues like funding and service delivery, a key concept that will test the philosophical boundaries of collective thinking and planning is that of a replacement factor. If jurisdictions focus resources on moving as many individuals and families that experience homelessness as possible directly into permanent housing, it follows that the need for emergency shelter space should decrease. Resources once dedicated to emergency response would be redirected to permanent housing solutions or other community needs. This has been one of the cornerstones of 10 Year Plan thinking and planning, and is a significant political selling point. This means, however, that many service and housing providers will have to change their current business models to accommodate the shift. While no jurisdiction in the region has proposed a replacement factor, i.e. every x units of permanent affordable housing replaces an emergency shelter bed, and everyone agrees that some emergency shelter capacity will always be necessary, the conversations are occurring. As 10 Year Plans progress, and as jurisdictions look to make good on the promise that housing first models are more efficient in the long run, the theory of a replacement factor will fully form.

This represents a major culture shift in many jurisdictions, and in many organizations. To be successful, buy-in (to the same philosophy and mission) will be needed across participating organizations, and at all staff levels.



**M**any providers report that the sentiment that affordable housing projects are okay as long as they are “Not In My Back Yard” (NIMBY) has not been a significant barrier for their projects. They point to a few key activities. In general they try to 1) educate the community and decision-makers about best practices in serving vulnerable populations; 2) be proactive and transparent in communicating development/expansion plans while still protecting the rights of their potential residents; 3) be responsive when issues are raised; and 4) make their projects blend in architecturally with the neighborhood.

Much of the housing created thus far, though, has been through rental subsidies or repurposing existing special needs housing. All of the area’s 10 Year Plans, however, recognize the need to create new housing units, including the development of housing options that have typically been very unpopular, like affordable efficiencies and group homes for those who are chronically homeless or at risk of being homeless because of severe mental illness, substance abuse issues, etc. Such developments often elicit attacks from potential host communities on the basis of concerns about perceived threats to safety, property values and neighborhood character.

Safe Haven, developed by the Community Services Board (CSB) in Alexandria, VA, provides an instructive example of how these issues can affect a development project. The 12-bed project, slated to begin operating in early 2010, will serve homeless men and women with severe mental illness and/or substance abuse disorders. The idea of a “safe haven” was identified by Alexandria’s Homeless Services Coordinating Committee (HSCC) in 1997. Two years later, the idea became part of the HSCC’s strategic objectives for serving the needs of the chronically homeless, and from there was adopted as part of the city’s Consolidated Plan a year later. The Consolidated Plan is a blueprint for how jurisdictions plan to use the various sources of HUD funding they receive (Community Development Block Grant, HOME, Emergency Shelter Grant). When HUD began to require jurisdictions receiving HUD funding to develop plans to end homelessness, the Safe Haven became a cornerstone of Alexandria’s resulting plan, which was adopted in 2005.

Years of background work meant that, once the project moved into the development phase, there was already strong support among the executive and legislative bodies. The host community, however, was displeased. They felt they had been left out of the planning process and expressed concerns about



potential decreased safety, declining property values, and the competency of the CSB to securely operate the facility. They even sued once (over a zoning technicality), which held up development of the project for a year. Despite this opposition, though, the CSB was eventually successful. A few factors were key:

- 1) The CSB worked closely with legislators and government agency representatives to not only garner support for this particular project, but for the idea of safe havens in general and the obligation to publicly provide for people with limited housing options due to disability. The CSB did a lot of preemptive education early in the process, dispelling myths and getting buy-in before potential detractors were able to spread misinformation. The influence from HUD was key as well. When HUD began to stipulate that future funding from them would depend on jurisdictions developing their own plans to end homelessness, this provided an opportunity for legislators to be engaged and educated about the importance of this issue. Even though HUD was only providing about 10 percent of the funding on this particular project, their involvement, their focus on chronically homeless individuals and families and their insistence that their funding follow this priority carried a lot of political weight.
- 2) Further, the CSB fought and won the argument that fair housing principles dictated that people with disabilities (which includes those with mental health and substance abuse disorders) have the same rights as anyone else to live where they choose, a right extended to anyone providing housing for this population as well. Based on this, the CSB adopted a policy explicitly stating that while zoning regulations would be followed on their projects, outright neighborhood opposition based on concerns about safety, notification, or future occupants could be addressed, but would not be a determining factor. They reasoned that the City needed to be able to balance valuing openness and communication with protecting people's rights.
- 3) The policy also established a method for ensuring that all neighborhoods in Alexandria do their fair share to host special needs housing. In Alexandria, the Old Town neighborhood (where the project is located) had no such housing, and was next on the list to host a location.

The process to secure this project was long, and there were other delays along the way (in addition to the NIMBY-based set-backs) that are often par for the course in development projects, such as having to restructure the financing package. The CSB learned, however, and instituted changes (like the revised CSB Residential Services Development policy) that will hopefully make it easier to do other projects in the future.

The Safe Haven project is also a prime example of the herculean levels of effort required to advocate for affordable housing in the face of even minor opposition. These projects require much community engagement, public outreach and education long before a project even breaks ground. These efforts must be sustained often even after a project is opened. If unsuccessful, projects can be derailed even if all other components are in place.

*The Safe Haven project is also a prime example of the herculean levels of effort required to advocate for affordable housing in the face of even minor opposition.*



## POPULATION MIGRATION

**T**he idea that homeless individuals and families migrate from jurisdiction to jurisdiction, following “Cadillac” homeless services is, according to service providers, largely a myth. (Note that current data collection methods make it difficult to substantiate the claim one way or the other.) When migration does occur, service providers report that migratory tendencies differ by group, and sometimes are unrelated to the services likely to be rendered. Individuals and families experiencing episodic homelessness are largely unlikely to cross jurisdictional boundaries. They typically seek to remain close to their personal networks (family members, work, medical care, etc.) Immigrants are more likely to cross boundaries, but they are often unaware that they are doing so. Their movement is likely based on factors unrelated to the services they will receive. Of all groups, chronically homeless individuals and families are most likely to knowingly cross jurisdictional boundaries in search of particular services. Still, services providers anecdotally report that these are not frequent occurrences. In the future, more sophisticated data tracking and reporting should allow for better measurement of this potential problem.



## CONCLUSION

Each jurisdiction faces each of these challenges in some form. Funding is limited across the board, and private resources are not available to replace dwindling public coffers. Limited funding means that jurisdictions do not have the resources to invest in services and new programming, nor can they invest in infrastructure and planning to support these efforts. Governments and service providers will need to be both creative and collaborative in their responses to these challenges. Solutions are being devised and refined each day. Consider the following barriers addressed in this report and examples of how some jurisdictions are meeting these challenges:

- Finding new or redirected funds to dedicate to their 10 Year Plan efforts, for example:
  - ▷ Some jurisdictions are collaborating (with all service providers and government agency representatives at the table) on what funding sources to target and how to distribute any secured funding.
  - ▷ Some government agencies are developing consolidated (competitive) request for proposal processes, with funding pooled from agencies that have typically funded housing development, operating costs, and service delivery costs in separate RFPs.
- Planning for and dedicating administrative resources, for example:
  - ▷ Fairfax County has established a separate office (The Office to Prevent and End Homelessness) to oversee all aspects of their 10 Year Plan.
  - ▷ Other jurisdictions have dedicated staff in existing agencies to their 10 Year Plan efforts.
- Addressing the intensive level of resources needed to serve chronically homeless individuals and families, for example:
  - ▷ Some jurisdictions are considering housing options (like affordable efficiencies, group homes and safe havens) that will allow them to provide the more intensive case management and supportive services needed for success with chronically homeless individuals and families.
  - ▷ Other jurisdictions are thinking about how to redesign their supportive services (particularly literacy and job training) to better target individuals with multiple barriers to housing and employment.

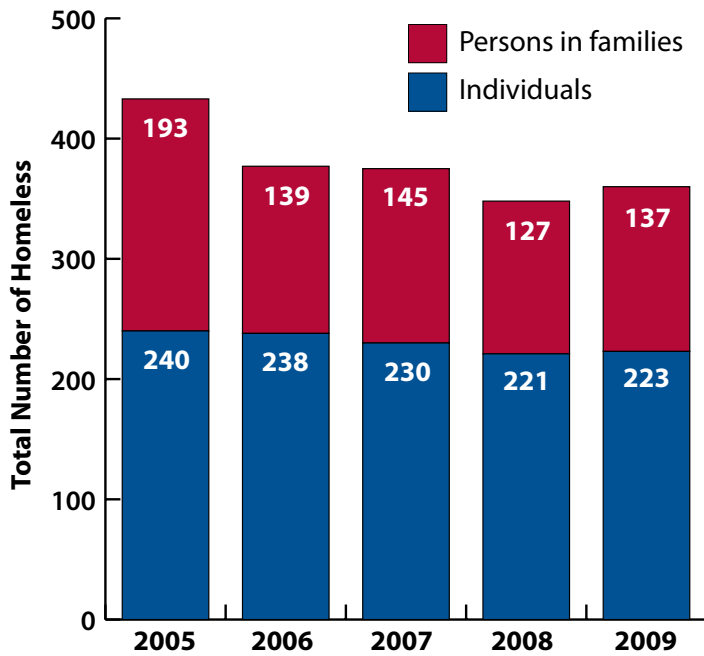


- Updating and streamlining data collection methods, for example:
  - ▷ Some jurisdictions are using the infusion of HPRP funding (and the resulting reporting requirements) as an opportunity to begin collecting the same data in the same way from all service providers.
  - ▷ Some jurisdictions are providing training and centralized technical support to service providers to promote uniform data entry and reporting.
- Inducing political support and countering policy barriers, for example:
  - ▷ Some jurisdictions are using their 10 Year Plan implementation bodies or Continuum of Care committees, often populated with representatives from each sector including government, to garner political support.
- Engendering community-wide philosophy changes that speak to collective planning, fundraising and service delivery, for example:
  - ▷ Some jurisdictions are making the most of their funding decisions (as it relates to homeless services) in a coalition body (typically of government representatives and service providers).
- Countering opponents to typically unpopular housing development options (like affordable efficiencies and group homes), for example:
  - ▷ Alexandria’s Community Services Board revised its residential services development policy to require new special needs housing to be located in the neighborhood with the lowest proportion of special needs housing.
  - ▷ By doing a great amount of engagement and educating early, the CSB “created” other advocates (in the community and among legislators) for their Safe Haven project who were able to counter opposition later on in the process.

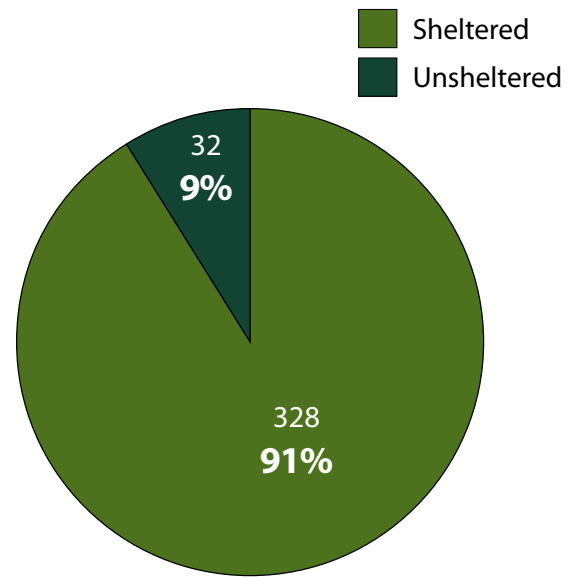
These solutions and others can be shared to determine their feasibility for jurisdictions across the region.

# PROFILE: Homelessness in Alexandria, 2009

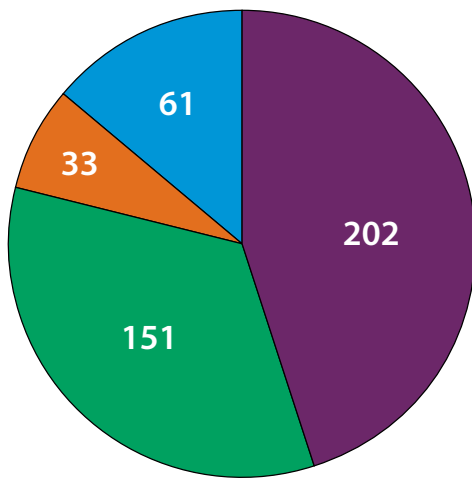
## Homelessness in Alexandria by Household Composition



## Sheltered vs. Unsheltered



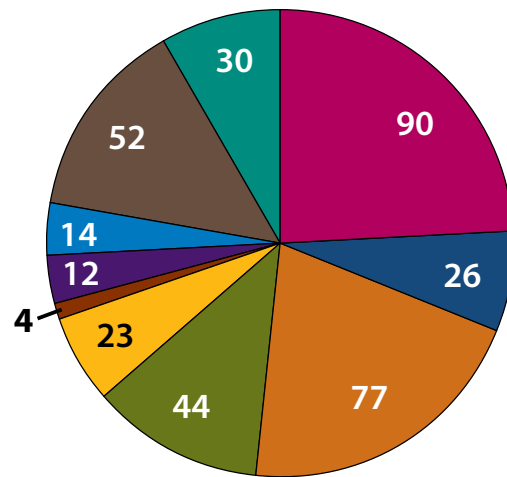
## Beds in Alexandria



**TOTAL = 447**

- Emergency
- Transitional
- PSH
- Winter shelter

## Homelessness in Alexandria by Sub-Population



- Chronically homeless
- Severe mental illness
- Chronic substance abuse
- Dually diagnosed
- Veteran
- HIV/AIDS
- Domestic violence
- Physical disability
- Chronic health problems
- Language minority

## *10 Year Plan (or similar efforts)*

**Plan /Year:** Alexandria's plan was adopted in 2004. It is currently under review and the plan's goals are being redeveloped.

**Oversight:** The plan has a dedicated oversight body – the Homeless Services Coordinating Committee. The oversight body is made up of government and private participants.

**Implementation:** The plan has a dedicated implementation body – the Homeless Services Coordinating Committee. The implementation body is a volunteer committee.

**Funding:** Existing resources (HIP and TAP) are being used. New funding sources include federal stimulus funding (HPRP). No comprehensive funding plan is attached to the plan, though. A consolidated funding process has not been developed.

**Access:** The City coordinates centralized intake for all shelters in Alexandria, but people can also access those shelters directly. The only exceptions are family shelter beds. Those cannot be accessed directly. They must be accessed through the City's intake process.

**Discharge Plan:** Yes

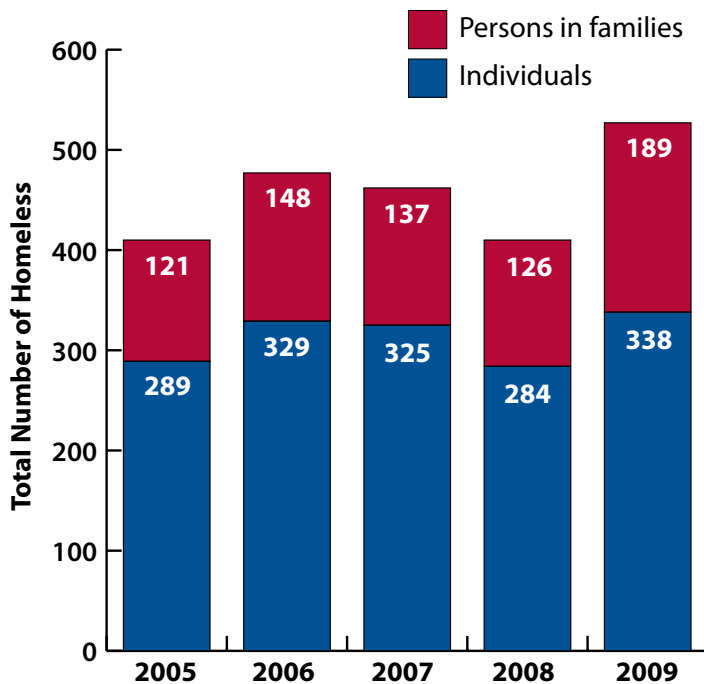
**Data Tracking:** HMIS

**Collaborations:** The City and nonprofits collaborate to some extent on services and funding, and occasionally on other forms of capacity building.

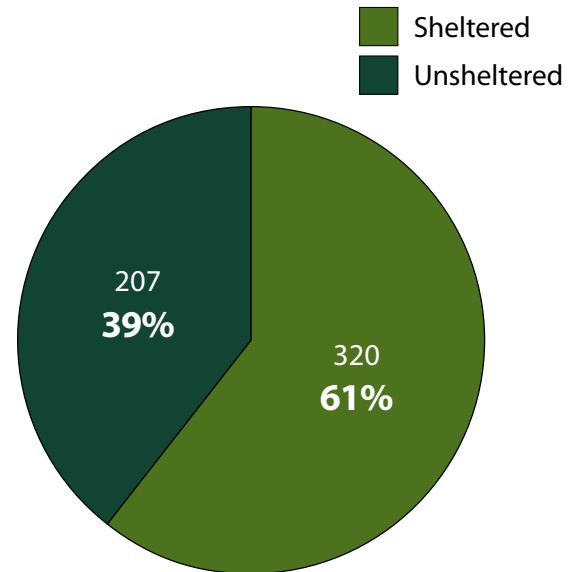


# PROFILE: Homelessness in Arlington, 2009

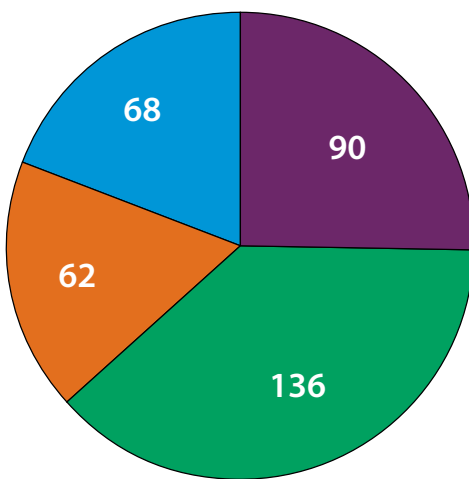
## Homelessness in Arlington by Household Composition



## Sheltered vs. Unsheltered



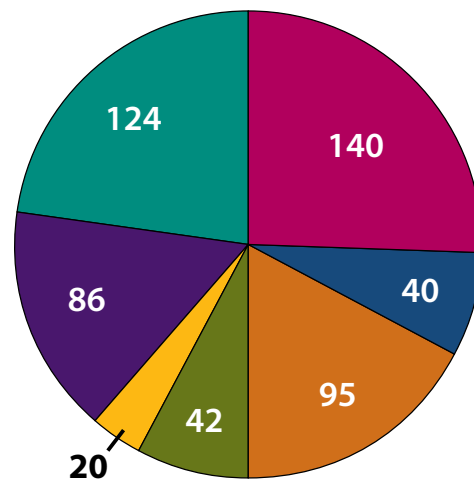
## Beds in Arlington



**TOTAL = 356**

- Emergency
- Transitional
- PSH
- Winter shelter

## Homelessness in Arlington by Sub-Population



- Chronically homeless
- Severe mental illness
- Chronic substance abuse
- Dually diagnosed
- Veteran
- HIV/AIDS (not reported)
- Domestic violence
- Language minority

## 10 Year Plan (or similar efforts)

**Plan/ Year:** Arlington's plan was adopted in 2006. Implementation planning began in 2008.

**Oversight:** The plan has a dedicated oversight body - The Leadership Consortium. The oversight body is made up of government and private participants (county board members, faith-based organizations, landlords/developers, business, and private citizens). It provides broad policy guidance and direction to the Implementation Task Force.

**Implementation:** The plan has a dedicated implementation body—the Implementation Task Force (ITF)—broken down into committees focused on affordable housing, integrated services, prevention & education, and funding & resources. The implementation body is a volunteer body with more than fifty participating organizations.

**Funding:** An Emergency Needs Fund was created to target short-term goals in the plan. New funding sources also include federal stimulus funding (HPRP). The Department of Human Services collaborates with the County Housing Division to fund supportive housing and public services projects through CDBG and AHIF services dollars. The 10 year plan, however, does not include a comprehensive funding plan. Also, even though County agencies collaborate, a consolidated funding process has not been developed.

**Access:** The County coordinates centralized intake for families seeking shelter. A centralized intake approach is being used for the Homeless Prevention and Rapid Re-Housing Program (HPRP) Four non-profit organizations serve as entry points; they meet weekly with the County HPRP coordinator to review new applications and to discuss service delivery plans for households seeking or receiving assistance.

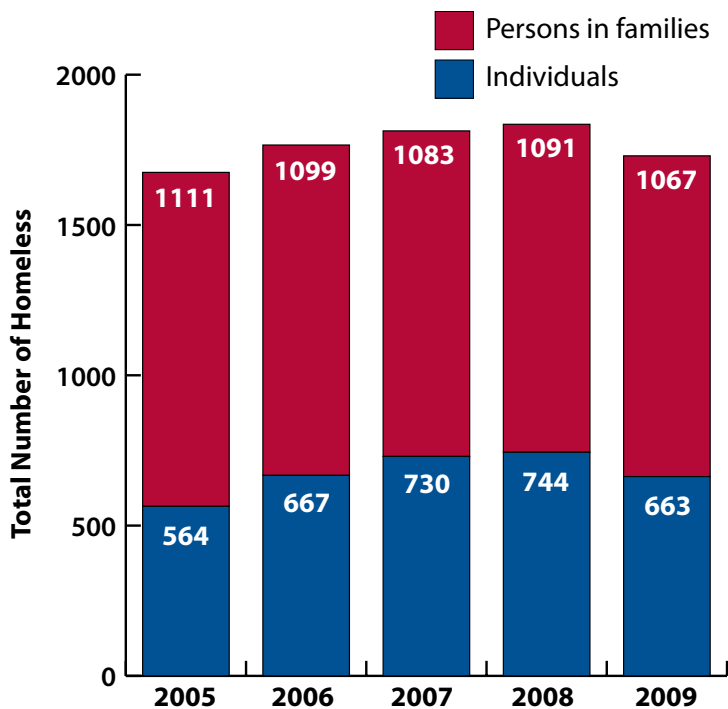
**Discharge Plan:** Yes

**Data Tracking:** HMIS

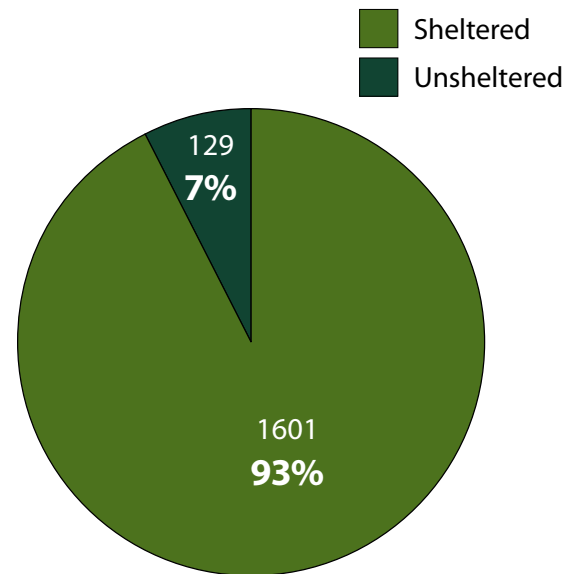
**Collaborations:** Collaboration occurs on multiple levels. The ITF and its committees collaborate on implementing HPRP funds, public education efforts and program development. Nonprofits collaborate on service delivery, and to some extent on funding. Collaborations are initiated by the County and at the nonprofit level.

# PROFILE: Homelessness in Fairfax-Falls Church, 2009

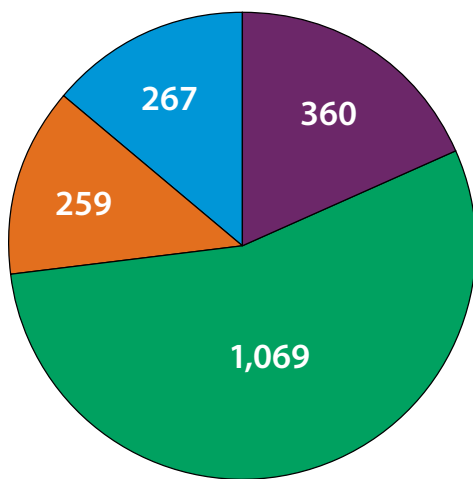
## Homelessness in Fairfax-Falls Church by Household Composition



## Sheltered vs. Unsheltered



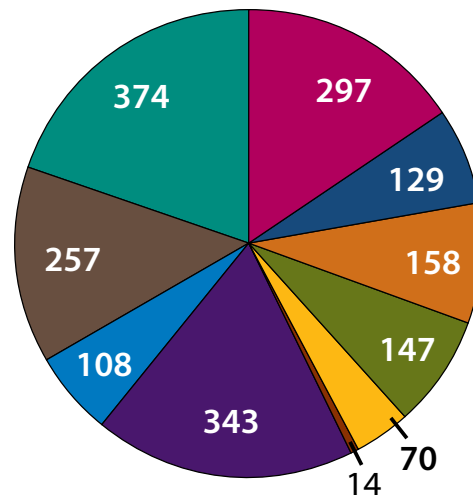
## Beds in Fairfax-Falls Church



**TOTAL = 1,955**

- Emergency
- Transitional
- PSH
- Winter shelter

## Homelessness in Fairfax-Falls Church by Sub-Population



- Chronically homeless
- Severe mental illness
- Chronic substance abuse
- Dually diagnosed
- Veteran
- HIV/AIDS
- Domestic violence
- Physical disability
- Chronic health problems
- Language minority



## *10 Year Plan (or similar efforts)*

**Plan/ Year:** The Fairfax-Falls Church plan was adopted in 2008. Implementation planning began in 2009.

**Oversight:** The plan has several dedicated oversight bodies – The Governing Board, Interagency Work Group (of service providers), and Consumer Advisory Council (current and former homeless). The oversight bodies are made up of government and private participants.

**Implementation:** The plan has a dedicated implementation body – The Office to Prevent and End Homelessness (OPEH). The implementation body has paid staff. They collaborate with a committee of both government and private participants.

**Funding:** The plan currently focuses on the redirection of funding. In the future, they hope to develop an independent nonprofit foundation to expand funding. New funding sources have also included federal stimulus funding (HPRP). The implementation bodies collaborated on funding priorities in relation to HPRP. There are also already some examples of a consolidated funding process.

**Access:** The County coordinates access through 211. Additionally, new “HOST” model (implemented with HPRP funding) focuses on assessing people as they enter the system, utilizing community case managers to determine their needs and what resources to devote to their care.

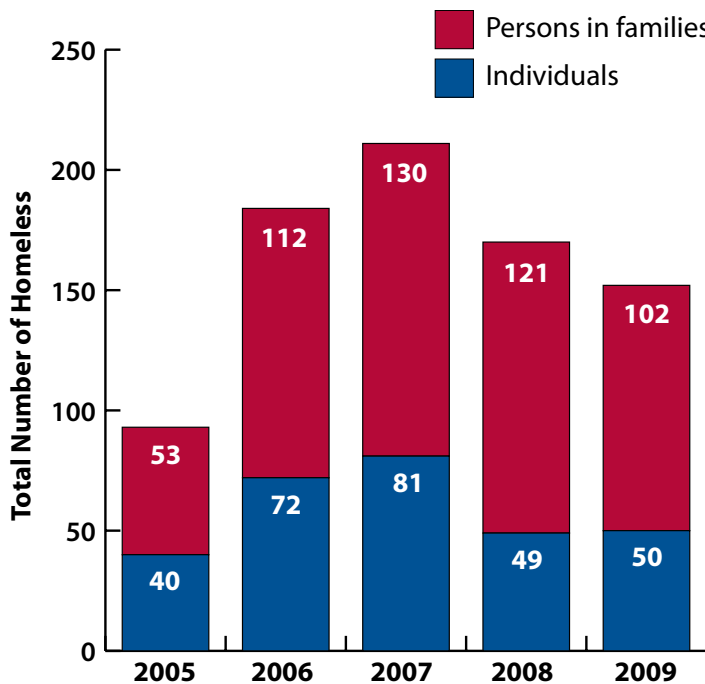
**Discharge Plan:** Yes. The plan was refined as part of 10 Year Plan process. The new “HOST” system is helping to further refine the plan. For example, some shelters are designated in the system as equipped to deal with jail discharges (particularly for certain offenses), and jails discharges are sent there; Some shelters have beds set aside for medical discharges and have medical staff to assist, so medical discharges can go there.

**Data Tracking:** HMIS. OPEH also offers centralized training with the goal of having all organizations use the system in the same way.

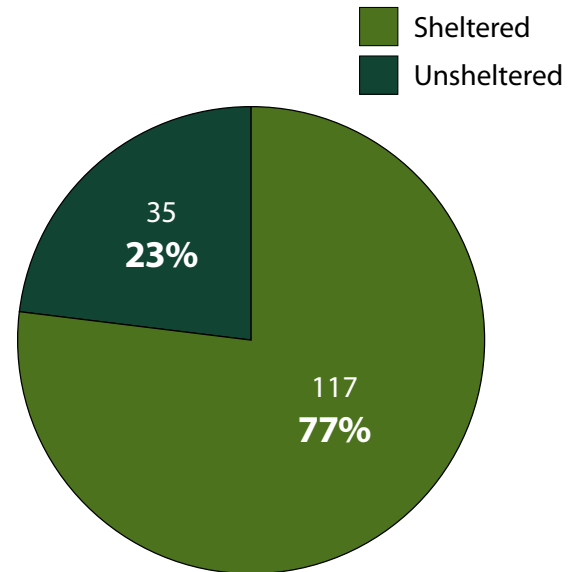
**Collaborations:** County and nonprofits are collaborating to some extent on service delivery, funding and capacity building. On service delivery, the “HOST” system is responsible for getting people to all of the services they need. The County and nonprofits collaborated on HPRP funding—collectively deciding where the needs were and where funding would go.

# PROFILE: Homelessness in Loudoun County, 2009

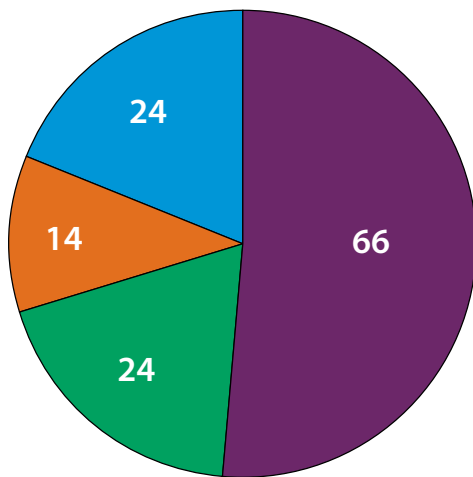
## Homelessness in Loudoun County by Household Composition



## Sheltered vs. Unsheltered



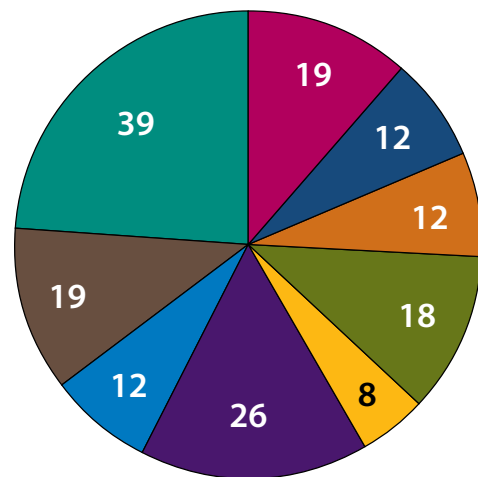
## Beds in Loudoun County



TOTAL = 128

- Emergency
- Transitional
- PSH
- Winter shelter

## Homelessness in Loudoun County by Sub-Population



- Chronically homeless
- Severe mental illness
- Chronic substance abuse
- Dually diagnosed
- Veteran
- HIV/AIDS
- Domestic violence
- Physical disability
- Chronic health problems
- Language minority

## *10 Year Plan (or similar efforts)*

**Plan/ Year:** Loudoun does not yet have a plan. Conversations about developing a plan began in 2008.

**Oversight:** The Continuum of Care committee is taking the lead on developing a plan.

**Implementation:** The Continuum of Care committee is taking the lead. They are a volunteer committee.

**Funding:** There is no funding associated with this effort as of yet. The County did receive federal stimulus funding (HPRP), though, to assist with efforts that would be addressed in the plan.

**Access:** The Department of Family Services makes many referrals, but does not formally coordinate access. People can access the service providers directly as well.

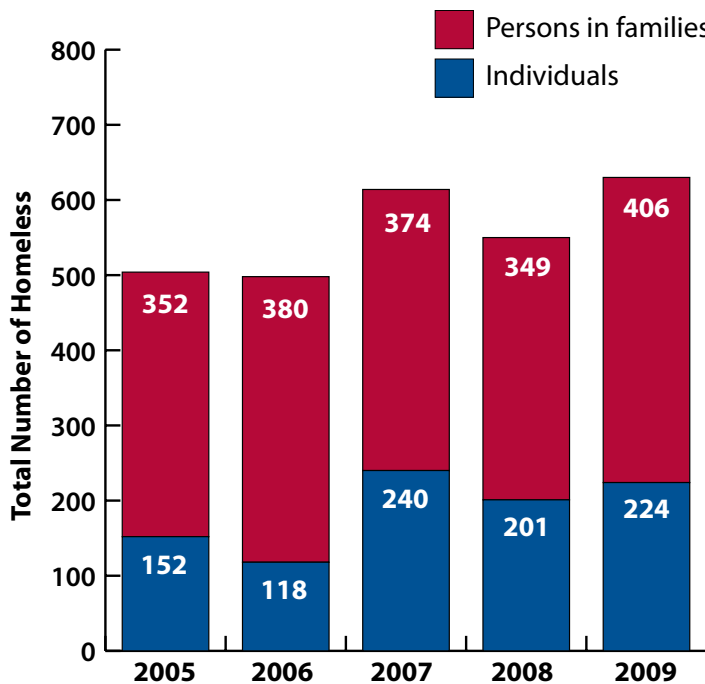
**Discharge Plan:** Yes

**Data Tracking:** HMIS (Partially implemented in FY 2009; full implementation expected for 2010)

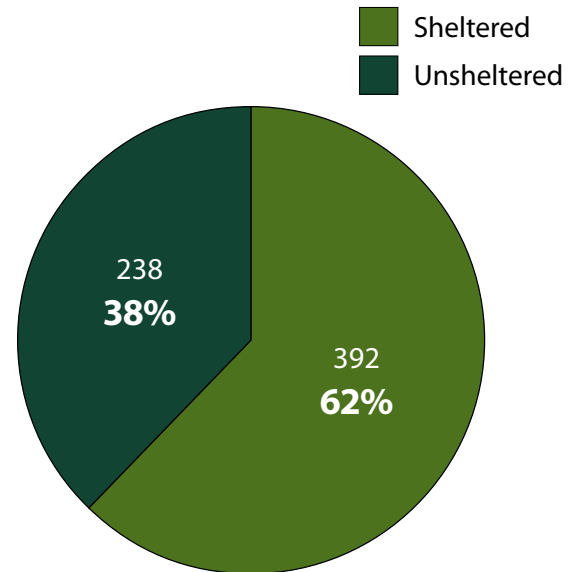
**Collaborations:** Nonprofits collaborate extensively, both formally and informally, on service delivery. Nonprofits also collaborate extensively with the County, particularly in referring clients to the Department of Family Services and the Community Services Board for additional services. In 2009 the County and a non-profit began a collaborative arrangement to provide intensive case management to families and individuals in transitional housing and emergency shelter.

# PROFILE: Homelessness in Prince William County, 2009

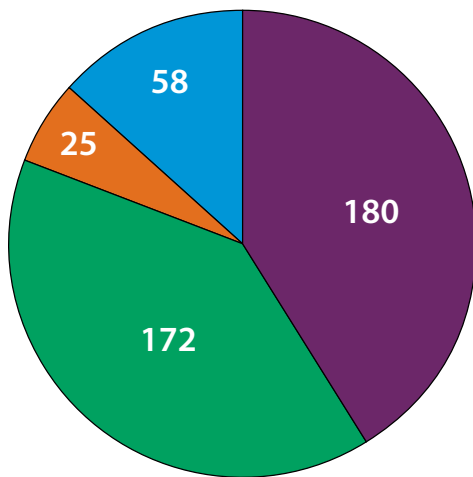
## Homelessness in Prince William County by Household Composition



## Sheltered vs. Unsheltered



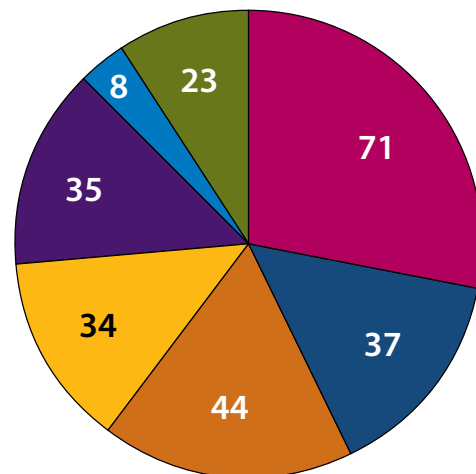
## Beds in Prince William County



**TOTAL = 435**

- Emergency
- Transitional
- PSH
- Winter shelter

## Homelessness in Prince William County by Sub-Population



- Chronically homeless
- Severe mental illness
- Chronic substance abuse
- Dually diagnosed
- Veteran
- HIV/AIDS (not reported)
- Domestic violence
- Physical disability
- Chronic health problems (not reported)
- Language minority (not reported)



## *10 Year Plan (or similar efforts)*

**Plan/ Year:** Prince William has a draft plan. Funding is being sought to complete the plan.

**Oversight:** The Continuum of Care committee is taking the lead on developing a plan.

**Implementation:** The Continuum of Care committee is taking the lead. They are a volunteer committee, but do have government staff as members.

**Funding:** There is no funding associated with this effort as of yet. The County did receive federal stimulus funding (HPRP), though, to assist with efforts that would be addressed in the plan.

**Access:** There are no formal efforts to coordinate access, but organizations do share information through the CoC and their use of HMIS.

**Discharge Plan:** No

**Data Tracking:** HMIS.

**Collaborations:** Nonprofits collaborate both formally and informally, on service delivery.

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<http://alexandriava.gov/uploadedFiles/housing/info/hsc10yearplanfinal.pdf>

Arlington 10 Year Plan

<http://www.arlingtonva.us/departments/HumanServices/Xtend/XtendPassageHome.aspx>

Fairfax-Falls Church 10 Year Plan

<http://www.fairfaxcounty.gov/homeless/community-plan.htm>

Loudoun County Department of Family Services/Homeless Shelter and Prevention Services

<http://www.loudoun.gov/Default.aspx?tabid=1325>

Prince William County Office of Housing and Community Development

<http://www.pwcgov.org/default.aspx?topic=040064>

Virginia Coalition to End Homelessness 10 Year Plan Resources

<http://www.vceh.org/10yrplan.html>

U.S. HUD Homelessness Prevention and Rapid Re-Housing Program

<http://www.hudhre.info/hprp>

Virginia Coalition to End Homelessness Prevention and Rapid Re-Housing Resources

<http://www.vceh.org/rapidrehousing.html>

2009 Annual Point In Time Enumeration Report

[http://www.mwcog.org/store/item.asp?PUBLICATION\\_ID=189](http://www.mwcog.org/store/item.asp?PUBLICATION_ID=189)

Alexandria, VA Safe Haven

<http://alexandriava.gov/mhmrsa/info/default.aspx?id=2666>

Building Better Communities (BBC) – A Resource Guide

<http://bettercommunities.org/index.cfm?method=resourceguide1>

## GLOSSARY OF TERMS

**Continuum of Care (CoC)** – A network of organizations that coordinate efforts at the city, county and state level to identify and serve local homeless populations. The concept of CoCs was devised by HUD, which provides significant funding to their efforts.

**Group Homes** – Provide identified beds and 24 hour supervision for individuals who require training and assistance in basic daily living functions such as meal preparation, personal hygiene, transportation, recreation, laundry, and budgeting. Generally a group home is a congregate living setting where residents share kitchen, living areas, and bedrooms.

The main reason a person would be considered appropriate for a group home type of living arrangement is the person's perceived need for daily and overnight supervision. But sometimes the real reason is about economy of scale and the lack of other appropriate housing options.

**Homeless** – According to HUD, any individual who lacks a fixed, regular and adequate nighttime residence, or anyone whose regular nighttime residence is a shelter, institution for temporary residence, or any other place not designed for or intended to be a regular sleeping accommodation for human beings.

Individuals are “chronically homeless” if they have been continuously homeless for one year or more, or have experienced 4 or more episodes of homelessness over the past three years.

**Housing First** – A relatively new approach to ending homelessness that focuses on rapidly providing people with everything they need to be housing-ready. The concept is still developing, and groups differ on what “housing-ready” means. Some argue that it means to immediately provide housing and assess the need for anything else at a later point in time. Others contend that it means to provide permanent housing to those who are likely to sustain that housing, and transitional shelter and services to those who are not ready to sustain permanent housing until they are ready to do so.

**POINT In Time Count** – Annual Survey that counts the number of people who are homeless (sheltered and unsheltered) on one night according to the federal definition of homelessness. The count is used to estimate the number of people who may be homeless on any given night.

